

C-07-4925-cw

FILED

SEP 21 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND SF

2
of

EXHIBIT

"A"

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: **FEB 21 2007**

In re: Woodson, P-76095
High Desert State Prison
P.O. Box 270220
Susanville, CA 96127

IAB Case No.: 0606000

Local Log No.: SVSP 06-00952

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. G. Arceo, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that on March 23, 2006, while in handcuffs, Correctional Officers (CO) J. Rodriguez, Vega, Camerena and others under the supervision of Correctional Sergeant Kircher used excessive and deliberate force to control him. He requests an internal affairs investigation into this misconduct; and he wants to suffer no reprisals for filing this complaint.

II SECOND LEVEL'S DECISION: The reviewer found that an appeal inquiry was conducted into the appellant's complaint. Supervisory staff completed the inquiry, notified the appellant upon completion, and notified him of the inquiry's findings at the Second Level of Review (SLR). The appeal was partially granted at the SLR.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: Upon review of the documentation submitted, it is determined that the staff complaint has received the required review.

In the event that staff misconduct is substantiated, the institution will take the appropriate course of action. All staff personnel matters are confidential in nature and not privy to the inquiries of other staff, the general public or the inmate population, and would not be released to the appellant. In this case, the institution has reported the disposition to the appellant.

Although the appellant has the right to submit an appeal as a staff complaint, the request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the appeals process.

B. BASIS FOR THE DECISION:

California Penal Code Section: 832.5, 832.8

California Code of Regulations, Title 15, Section: 3004, 3371.1, 3391

C. ORDER: No changes or modifications are required by the institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, HDSP
Appeals Coordinator, HDSP
Appeals Coordinator, SVSP

State of California

Memorandum

RET'D JUN - 2 2006

Date : April 25, 2006

To : Inmate Woodsen, Thomas (P-76095)
D-8 124, SVSPSubject: **STAFF COMPLAINT RESPONSE - APPEAL # SVSP-C-06-00952**

APPEAL ISSUE: Appellant alleges that on March 23, 2006 Correctional Officer's J. Rodriguez, D. Vega, E. Camarena and Correctional Sergeant M. Kircher used excessive force when escorting him to the Facility holding cells. The Appellant alleges that as a result of the excessive force used he incurred multiple injuries to include a swollen scraped eye, knot on shoulder with skin scraped off, separated shoulder and scraped knees.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal has been handled as follows:

☒ PROCESSED AS A STAFF COMPLAINT APPEAL INQUIRY

SUMMARY FOR APPEAL INQUIRY:

You were interviewed on May 4, 2006 by Lieutenant P. Roque and stated you had nothing further to add. The following information was reviewed as a result of your allegations of staff misconduct: Your CDCR 602 form, CDCR 7219 medical evaluation and incident package SVP-FC3-06-03-0167.

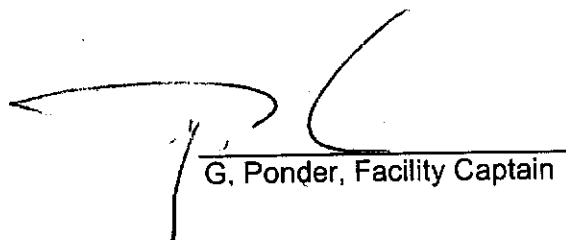
FINDINGS FOR AN APPEAL INQUIRY:

Your appeal is **PARTIALLY GRANTED** at the ☒ First level, as an inquiry into your allegation has been conducted **OR** as an investigation is being conducted. **ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.** As such, results of any inquiry/investigation will not be shared with staff, members of the public, or inmates. Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process.

Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process. If you wish to appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Director's Level of Review. Once a decision has been rendered at the Director's Level of Review, your administrative remedies will be considered exhausted.



P. Roque, Facility Lieutenant



G. Ponder, Facility Captain

State of California

Memorandum

Date: August 10, 2006

To: Woodson, # P-76095
C3-105, Salinas Valley State PrisonSubject: **STAFF COMPLAINT RESPONSE - APPEAL # SVSP-C-06-00952**

APPEAL ISSUE: The appellant states that on March 23, 2006 Correctional Officers J. Rodriguez, D. Vega, E. Camarena and Correctional Sergeant M. Kircher used unnecessary force against the appellant even though the appellant was cooperating with the officers.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal has been handled as follows:

- ☒ PROCESSED AS A STAFF COMPLAINT APPEAL INQUIRY
☐ REFERRED TO THE OFFICE OF INTERNAL AFFAIRS (Note: You will be notified of the conclusion of any internal affairs investigation)

SUMMARY FOR APPEAL INQUIRY:

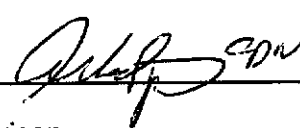
The appellant was interviewed on May 4, 2006 by Lt. P. Roque and stated that he had nothing further to add to his appeal. The following witnesses were questioned: Correctional Officers E. Camarena, J. Rodriguez, D. Vega, J. Parra, and Correctional Sergeant M. Kircher. The following information was reviewed as a result of your allegations of staff misconduct: CDC 7219, incident package (FC3-06-03-0167), Use of Force Critique for said incident, RVR Log #C06-03-0020 "Resisting Staff with Physical Force" adjudicated 6/19/06 where the appellant was found guilty of the charged offense.

FINDINGS FOR AN APPEAL INQUIRY:

Your appeal is PARTIALLY GRANTED at the ☐ First level ☒ Second level, as an inquiry into your allegation has been conducted. ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE. As such, results of any inquiry/investigation will not be shared with staff, members of the public, or inmates. Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process.

Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process. If you wish to appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Director's Level of Review.

Once a decision has been rendered at the Director's Level of Review, your administrative remedies will be considered exhausted.

A. HEDGPETH / 
Chief Deputy Warden
Salinas Valley State Prison

8/14/06
Date

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Woodson CDC #: P-76095 CDC HOUSING: C3-105

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input checked="" type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYSComments: You may write on back of this form to clarify or respond to the above.You are attempting to change the appeal issue.

↓ NOTE ↓

REC'D JUL 05 2006

It is incomprehensible to Appellant that you Eloy Medina have difficulty understanding an appeal in such conspicuous language as this one. Internal Affairs has not contacted Appellant with information of the investigation. However Appellant has and is suffering plenty of harassment and ill treatment in A.S.U as a result of its filing. Mr. Medina, the reverse side of this sheet is information to further clarify myself in this matter, should that still not satisfy you, I am willing to sit down and interview with you per CCR 3084.3, "when an appeal indicates the Appellant has a difficulty describing the problem in writing... The Appeals Coordinator shall (mandatory language) arrange an interview with the Appellant to provide assistance in clarifying or completing the appeal."

- SEE Reverse Side -

 Eloy Medina, CC-II
 Appeals Coordinator

REC'D AUG 01 2006

Date: 6/15/06

DELIVERED JUN 27 2006

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. SVSPC

2. 00-00000

3. 7

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Staff Complaint

resisting staff 837 3/26/06

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>Woodson</u>	<u>P-76095</u>		<u>C-3-105</u>

A. Describe Problem: ON march 23, 2006 a willful and deliberate Eighth Amendment right violation was committed under color of state law by S.V.S.P. C/O J. Rodriguez, Vega, Camarena and a troop of other officers of which Appellant didn't catch there names. The excessive and brutal treatment of Appellant was sanctioned by Sergeant Kircher who stood by deliberately indifferent and made no attempts to tame, control, manage, or restrain his subordinates from using excessive force against Appellant while Appellant was handcuffed and cooperative. Appellant was treated with unreasonable and harsh brutality for asking to speak with Sgt. Kircher about C/O J. Rodriguez thrashing Appellants cell on a spontaneous search for a "lid". The brutality produced the causation of multiple injuries. During the brutalized Appellant was treated with excessive force.

If you need more space, attach one additional sheet. Please see continuation sheet front and back w/ misconduct form. Attached

B. Action Requested: A full investigation into the misconduct to be conducted by Internal Affairs and the appropriate disciplinary measures be implemented. Appellant would like the institution to abide by the "NO reprisal" policy per. Cal. Code Reg. 3084.1(d) D.O.M 31140.1

Inmate/Parolee Signature: Thomas Woodson

REC'D MAR 27 2006
Date Submitted: 3/26/06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

RET'D JUN - 2 2006
REC'D JUL 05 2006

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification change, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

CDC Appeal Number: _____

BYPASS

RECEIVED
SEP 12 2006
NOV 20 2006
INMATE APPEALS
BRANCH

mm

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 3/28/06Due Date: 5/9/06Interviewed by: see attached.Staff Signature: (4) [Signature]Title: RET'D AUG 21 2006

Date Completed: _____

Division Head Approved: [Signature]

Returned _____

Signature: [Signature]

Title: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Section F amended by Appellant; see attached page

Appellant is dissatisfied with the report appellant is suffering behind staff complaint kept over 2 at 0095A in violation of CCR 3084.1(d) being isolated in administrative segregation and placed on a disciplinary status strip of property and privileges and treated unjustly. Administrative officers Lt. Colson and Sgt. Stubby authorized by Sgt. Fowler has sanctioned this treatment against Appellant under the guise of investigation. Preliminary measure Appellant seeks relief from this arbitrary and capricious situation.

Signature: Thomas D. WoodsonDate Submitted: 6/14/06Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 8/2/06Due Date: 8/29/06☒ See Attached LetterSignature: [Signature]Warden/Superintendent Signature: [Signature]

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

This Staff misconduct Complaint Appropriately and timely submitted per 3391 of the T.15 Admin Code has not been taken serious by prison officials. It is and was warranting an Internal Affairs investigation independent of the S.V.S.P "Green Wall Mafia" Nothing has been done other than further harass and discourage Appellant. Appellant's witnesses were never interviewed and statements never recorded. The only witnesses interviewed were the perpetrators of the malicious, warrant and sadistic acts themselves. The only evidence relied upon is a cover up, retaliatory RVR # 226-05-0000 written after and given to Appellant After Appellant reported the excessive and (See Attached sheet) yellow sheet

Signature: Thomas D. WoodsonDate Submitted: 7/13/06

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached LetterDate: FEB 21 2007

Pg 2. Cont.: from Section A

3/24/06

incurred multiple injuries. A swollen eye with skin scraped off facial area directly under eye. Swollen knot on shoulder with skin scraped off. Shoulder separation, swollen and scraped skin off knees. Severe back Pain. Appellant was examined by Dr. Sid and and Watch R.N. injuries were documented on a 7219 injury report. Appellant requested shoulder harness or sling for injured shoulder. Appellant was denied due to the bone popping back into socket. Appellant was denied the right to have photos taken of injuries. Appellant was placed in standing room only cage in leg irons and hand cuffs squeezed tightly to cut off circulation. The cage located in a small room in the back of the old hobbie shop, Appellant was placed in the area in the Mechanical restraints and injured, with the lights turned off for over 3 hours as the C/O's J. Rodriguez, Vega, Caremeua and Sgt Kircher laughed and obscenely ridiculed Appellants pleas for Just treatment during the assault. The Pain, anguish, and emotional stress was Tanta-mount to a Guantanamo Bay or Abu Graib experience in violation of Cal. Code Regs. 3 3280 (b) Const. Amendment VIII, See furman v. Georgia, 408 U.S. 238, 279, 92 S. Ct. 2724, 33 L. Ed. 1408 F. Supp. at 547. / Violation of Cal. Code Reg. 3 3280 (a). The treatment of Appellant unequivocally qualifies as unnecessary excessive force (Hudson v. McMillian, 503 U.S. 1 (1992) for its unnecessary and Wanton infliction of Pain, suffering and injury. There is no program here, just an ongoing Campaign of harassment spurring frustration and an unhealthy environment with no Oversight for lawless officials. Warden Micheal Evans and Facility Captain Ponder ~~area~~ are as Culpable as their subordinates who Committ these Violations of policy, procedure and Constitutional law. Salinas Valley's notorious "Green Wall Gang" is alive and well.

1. Rank Side

T. WOODSON P-76095

Continued: from section H:

unnecessary use of force resulting in injury. Appellant re-allege and re-in-Corporate Section A and Continuation Sheet of 602 Appeal, truthfully and honestly of events occurring on March 23, 2006 at approx. 1:30 p.m., Violating Title 15 Admin. Code 3268 (a) (2) (3), 3004 (a) (b), 3271. In addition California Penal Code § 2650-2652 and the Eighth Amendment to the Constitution of the United States (see *Hudson v. McMillan* U.S., 112 Sct. 995 (1998)). for the foregoing reasons and the retaliatory measures, treatment, and tactics (3094.1(d) T.15 Admin. Code) further destabilizing Appellant. As set forth above Appellant brings forth this Staff Complaint per T. 15 Admin. Code 3391(a), P.C. 832.5 for Directors level assistance at the third level of review. Thank you.

Respectfully /s/ Thomas Hudson
9/3/06

ALLEGATION OF MISCONDUCT BY PEACE OFFICER

NOTICE OF RIGHTS AND RESPONSIBILITIES

Penal Code Section 148.6 - Falsely Reporting Police Misconduct.

- (a) Every person who files any allegation of misconduct against any peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, knowing the report to be false, is guilty of a misdemeanor.
- (b) Any law enforcement agency accepting an allegation of misconduct against a peace officer shall require the complainant to read and sign the following information advisory, all in boldface type:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A DEPARTMENTAL PEACE OFFICER FOR ANY IMPROPER PEACE OFFICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. COMPLAINTS AND ANY REPORTS OF FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE IN A CRIMINAL COURT.

Thomas Woodson
Complainant's Signature

P-76095
CDC No.

3-24-06
Date Signed

Receiving Staff's Signature

Date Signed

Log No. _____

Thomas Woodson #76095, D-2-127
Salinas Valley State Prison
P.O. Box 1050
Soledad CA 93960-1050

7/31/06

To: Appeals Coordinator for SVSP (Eloy Medina)

RE: Staff Complaint 602 Log # SVSP C-06-00952
Notice to Amend Section F. ON 602 form

The statements set forth below in this document are to
amend Section F. of 602 Appeal log # SVSP C-06-00952.

Section F of 602: Dissatisfaction comes from the serious
Appeal of Staff misconduct per Calif. Code of Reg. T.15 § 3391
(a) § 3268 (a) (2) (3) § 3268.2 (b) (1) (3) of excessive, sadistic,
malicious, and wanton use of unnecessary force where Appell-
ant sustained serious injury as defined in Cal. Code of Reg. Title
15 § 3000, not being properly or appropriately investigated by the
Office of Internal Affairs, with relevant evidence (witnesses)
as defined in CER T.15 § 3000 not being reviewed as defined
in CER T.15 § 3000. With the incident being properly reported by Appell-
ant per Cal. Code of Reg. T.15 § 3391 § 3382 (b) to the appropriate
Administrative remedy per CER T.15 § 3084.1 "Right to Appeal".
The inquisition into the matter has fell below Departmental stand-
ards per P.C. 830. In turn Violating Appellant procedural due
process and equal protection under legislative operational policy CER.

Thomas Woodson #76095
7/31/06

NMATE: Woodson CDC #: P-76095 CDC HOUSING: C3-105

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):


- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input checked="" type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Woodson- I am having no difficulty understanding your appeal or your statements of dissatisfaction. Your original Appeal issue was your Allegations of misuse of force on 3/23/06. Your appeal was correctly accepted as a "Staff Complaint" and processed. In section F you attempted to introduce additional Allegations (retaliation, ASU placement, disciplinary restrictions). You have already placed appeals in ~~it~~ on these other peripheral issues. Therefore, as I stated before, you are attempting to change your Appeal issue. You need to Amend Section F to only pertain to the original Appeal issue. refusal to cooperate is grounds for cancellation of the Appeal.

Amendment enclosed (section F.)


 Eloy Medina, CC-II
 Appeals Coordinator
Date: 7/6/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

STATE OF CALIFORNIA
COUNTY OF MONTEREY

(C.C.P. SEC. 466 & 2015.5; 28 U.S.C. SEC. 1746)

I, Thomas Woodson declare under penalty of perjury that: I am the Declarant in the above entitled action; I have read the foregoing documents and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 3rd day of September, 2006, at Salinas Valley State Prison, Soledad, California 93960-1050.

(Signature)

Thomas Woodson
DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL

(C.C.P. SEC 1013(a) & 2015.5; 28 U.S.C. SEC. 1746)

I, Thomas Woodson, am a resident of California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and am/am not a party of the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-1050.

On Sept. 3rd, 2006, I served the foregoing: staff complaint per 3391(a) and P.C. 832.5

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

Director of Correction P.O. Box 942883 Sacramento, CA
94283-0001

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: Sept. 3rd, 2006

Thomas Woodson
DECLARANT/PRISONER

Thomas Woodson P-76095, D-8-225

Salinas Valley State Prison.

P.O. Box 1050

Soledad CA 93960-1050

Date: 11/16/06

To: Mr. Grannis, Chief Inmate Appeals Branch

The documentation you are asking for is separate and subsequent to the filing of this misconduct appeal. The CDC 115 Rules Violation Report (C06-03-0020) is already in your office, sent 8/30/06 complete with CDC 7219 injury report and 837 incident report (FC3-06-03-0167). The above RVR and such is smear campaign and retaliation for the matter set forth before you which preceeded that action. Please process this appeal to avoid undue delay and irreparable harm that may ultimately result in injustice (see, Greenbott V. Munro (1958) 161 Cal. App. 2d 596, 606).



Thomas Woodson P-76095

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



November 9, 2006

WOODSON, CDC #P-76095
Salinas Valley State Prison
P.O. Box 1020
Soledad, CA 93960-1020

Re: Institution Appeal Log #SVSP 06-00952 Staff Complaint

Dear Mr. WOODSON:

The enclosed documents are being returned to you for the following reasons:

Your appeal is incomplete. You must include supporting documentation. Your appeal is missing the completed CDC 115, Rule Violation Report (C06-03-0020); the CDC 7219, Report of Injury; the complete CDC 837, Incident Report (FC3-06-03-0167).

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

A handwritten signature in black ink, appearing to be "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

On the 23 of March 2006 Officers came into search for a "missing Lid" they were visibly angry and used aggressive language to get each cell to "cuff up".

We also witnessed officers forcibly "Take down" inmate Woodson from cell #105 for nothing other than attempt to ask for the Sgt.

Officers slammed this cuffed and non resisting inmate into the ground and they planted knees into his back, legs and neck.

And still he did not resist. Correctional officers could be seen yanking up his arms and twisting his foot as they placed leg irons on him. This was completely unnecessary and unprofessional in method, tactic and procedure—all under the supervision of the Sgt.

They then laughed about it front of his cell and ear shot of us inmates in #104 "Tear his fucken house up" one said and they could be heard doing so.

We do declare under the penalties of perjury that this declaration is true and correct.

We witnessed this on the 23rd day of March 2006.

Victor A. Roldan # H05477 C3104 Victor A. Roldan

George M. Flores # H62771 C3104 George Flores

- Declaration -

Date 8-23-06

On the above date, Officer where doing a cell search, About 1:30 - 2:00 clock I heard officer say, Talks him down... so I went to the cell door look out window... An say 4 to 5 Officer Rushing an inmate on ground that was hard cut already...

This is my statement on this issue

Inmate Brown # P.16432, Bed 116

Michael Day H-84996 C3-204

ON 3-23-06, I (Michael Day H-84996) Saw The C/O's push Inmate ^{P76015} Woodson to the ground in The A Section door, like ten to fifteen, and excessively restraining his already handcuffed arms.

I didn't see the incident that started it all as it happened on first tier, but I saw the officers trying to manhandle MR. Woodson towards the door of A Section. Then throw him to the floor and practically "dog pile" on top of him, ten to fifteen officers deep. Then hit their claim - for whatever reason.

After a few minutes of this "restraining" they got MR. Woodson up and took him out of the Section.

AFFIDAVIT

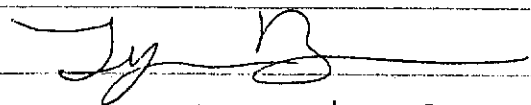
I, MICHAEL JACKSON SWEAR THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE.

MARCH 23, 2006 WHILE INMATE Woodson P-76095 - WAS ~~BEING~~ ASSAULTED, I WITNESS UP TO 15 OR MORE CORRECTIONAL OFFICERS USE EXCESSIVE FORCE. AT THAT TIME, I NOTICE THE OFFICERS PLACING INMATE Woodson P-76095 IN LEG CHAINS WHILE KICK'IN HIM, UNJUSTIFIED SINCE THE RESULT OF SUCH PUNISHMENT WAS, WHILE HE WAS ALREADY IN HANDCUFFS. INFLECTION OF PAIN WITH NO LEGITIMATE PURPOSE.

DATED: MARCH 24, 2006 SIGNED: Michael Jackson / P-86753

I, Tyrone Browder C-16314 declare that On Thursday 3/23/06 inmate Woodson C-3-105L called me to his cell before I started cleaning his section, after Facility C staff/officers had pull inmates out of their cells in handcuffs to serch the cell. And, subsequently inmate Woodson inform me of the injuries he suffered due to him complaining of a improper search of his cell, also I personally seen some fresh wounds on his body wherein it appeared he had been drag on the right side of his face, right shoulder, and both of his knees. Also, these wounds are for certain consistent with being drag in handcuffs.

I, declare under penalty of perjury that the forgoing is true and correct.



Date: March 26, 2006

I am a prisoner at Salinas Valley State Prison, P.O. Box 1059
Salinas, CA. 93960, if called to testify to the statements
below I could and would competently testify to the
matter set forth below

On March 23, 2006 at approx. 2:00 p.m. I, Mike Jacobsen
V-51620 was taken from one standing room only cage in the
back of the hobby shop to a room with four other standing
room only cages. Officer J. Rodriguez escorted me from
one room to the other. While entering the 2nd room
% J. Rodriguez purposely walked my right shoulder into
the door frame as we entered, then threw my wrist
cuffed and shackled into the small standing room
only cage, my head slamming into the back wall.
As % J. Rodriguez locked my cage he stated "Don't ever
tell me 'f--- you'." This was % J. Rodriguez's retaliation
for words we had had while I was in the 1st
'olding cell cage over not getting decontaminated from
the O.C. spray I had on me.

In this new room with 4 standing cages inmate
Woodson P-76095 was in the cage next to me. He was
moaning and appeared to be in extreme pain. His
legs were still in shackles but he had been uncuffed
for the MTA to examine him. I was not present while the
MTA had examined him. Inm Woodson P-76095 did
appear to have a sore under his right swollen eye

He told me that he had suffered a dislocated shoulder. In Woodson P-76095 told me that he had been brutalized by % J. Rodriguez, % D. Vega, % Camerena, % J. Parra, and Sgt. Kirchar had told them to do it. He said he tried to report harassment during a cell search and Sgt. Kircher refused to intervene or do anything and ordered In Woodson P-76095 taken down.

As Woodson was telling me what happened % J. Rodriguez entered the room, laughed at In Woodson and told him "you got fucked up". He told In Woodson to turn around and cuff up. In Woodson stated that he had a dislocated shoulder and the MTA told him he was getting a "cuffin-the-front" chrono. % J. Rodriguez pulled out his pepper spray, aimed it at In Woodson's face and told him, "turn around and cuff up or get sprayed."

By this % J. Rodriguez being the same officer who purposely walked me into the wall then threw me into my cage, there is no doubt in my mind that he participated in the abuse of In Woodson P-76095 on March 23, 2006.

I Mike Jacobsen V-51620 declare under penalty of perjury that the foregoing is true & correct. Executed on this 8th day of December 2006 at Salinas Valley State Prison, P.O. Box 1050, Soledad, CA 93960.

Mike Jacobsen V-51620
Mike Jacobsen

DECLARATION OF MICHAEL BELL C.O.C. 743032

I AM A PRISONER AT SAGUAS VALLEY PRISON, P.O. BOX 1050, SAGUAS C.A. 93960-1050; I HAVE CALLED TO TESTIFY TO THE STATEMENTS BELOW & CAN AND COMPETENTLY TESTIFY TO THE MATTER SET FORTH BELOW.

ON 3-23-06 AT APPROX 1:30 P.M. I INMATE MICHAEL BELL 743032 OFFICERS RESIDED IN BLDG C-3, CELL 201 WITNESSED SEVERAL THROU INMATE WOODSON P. 76095 TO THE GROUND WITH EXCESSIVE PHYSICAL FORCE FOR NO APPARENT REASON. INMATE WOODSON P. 76095 WAS HAND CUFFED AND ~~WAS~~ NON COMBATIVE. THE OFFICERS KICKED INMATE WOODSON P. 76095 AND DOG PILED ON HIM WHILE HE HOLLARED FOR THE SERGEANT. HELP WHO WAS STANDING NEAR BY AND DID NOTHING. I OBSERVED A C/O I WAS TOLD WAS J. RODRIGUEZ HIT INMATE WOODSON P. 76095 LEGS WITH WHAT APPEARED TO BE A STICK BATON OR FLASHLIGHT. THIS INCIDENT HAPPENED IN THE A.P. HOLD DOWN ROOM NEAR THE DOOR TO THE RETURN. I MICHAEL BELL 743032 DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON THIS 26TH DAY OF APRIL, 2006 AT SAGUAS VALLEY STATE PRISON P.O. BOX 1050, SAGUAS C.A. 93960.

NOTARY NOT REQUIRED

U.S.C. § 2021

FR V. CHARK 616 F.2D 228, 230

Michael Bell 743032

DECLARANT SIGNATURE

EXHIBIT
"B"

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: NOV 30 2006

In re: Woodson, P-76095
Salinas Valley State Prison
P.O. Box 1020
Soledad, CA 93960-1020

IAB Case No.: 0603277

Local Log No.: SVSP 06-02173

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. G. Arceo, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant is submitting this appeal relative to CDC Form 115, Rules Violation Report (RVR), Log #C06-03-0020, dated March 23, 2006, for Resisting Staff With Physical Force. It is the appellant's position that his due process rights were violated in that an Investigative Employee (IE) was not assigned; and the charge does not fit the Serious offense classification as outlined in the California Code of Regulations, Title 15, Section (CCR) 3315. He requests that the RVR be reissued and reheard to afford him an IE or dismiss the RVR.

II SECOND LEVEL'S DECISION: The reviewer found that the appellant was afforded procedural safeguards and due process in the adjudication of the RVR. The appellant has presented no new evidence that was not available to him prior to the disciplinary hearing. The finding of guilt was based on the written report and the preponderance of evidence presented to the Senior Hearing Officer (SHO) during the hearing. The appellant did not meet the criteria for an IE or Staff Assistant. Time constraint violations occurred that prevented a forfeiture of credit. The appellant has presented no evidence to warrant a rehearing.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: The documentation and arguments are persuasive that the appellant has failed to support his appeal issues with sufficient evidence or facts to warrant a modification of the Second Level of Review. There is no evidence that supports the appellant's contentions that the evidence presented at the hearing does not support the charge or the guilty finding or that his due process rights were violated during the hearing process. The appellant provided no additional evidence to mitigate or warrant a different finding by the SHO. The circumstances of the specific act are simple and not complex. The appeals examiner concurs with the institution's decision in this matter. Relief at the Director's Level of Review is not warranted.

B. BASIS FOR THE DECISION:

CCR: 3041, 3270, 3287, 3291, 3315, 3320, 3323, 3341.5

Deputy Directors, Institutions and Health Care Services Divisions, August 14, 1998, Memorandum:
ADJUDICATION OF RULE VIOLATION REPORTS INVOLVING MENTAL HEALTH SERVICES
DELIVERY SYSTEM INMATE PROGRAM PARTICIPANTS/ PATIENTS

C. ORDER: No changes or modifications are required by the institution.

WOODSON, P-76095

CASE NO. 0603277

PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

A handwritten signature in black ink, appearing to be 'N. Grannis', written in a cursive style.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, SVSP
Appeals Coordinator, SVSP

Memorandum

Date: August 16, 2006

To: Woodson, P-76095
Salinas Valley State Prison

Subject: SECOND LEVEL APPEAL RESPONSE LOG NUMBER-SVSP-D-06-02173

ISSUE:

The appellant is submitting this appeal relative to CDC Form 115, Rules Violation Report (RVR), Log#C06-03-0020, dated 3/23/06 for "Resisting Staff w/Physical Force."

Appellant contends that he was denied an Investigative Employee and therefore necessary witnesses were not questioned. In addition, the charged offense is not listed in the California Code of Regulations, Title 15.

Appellant requests the RVR be reissued/reheard or dismissed.

REGULATIONS: The rules governing this issue are:

CCR Title 15 §3005(b) Conduct, Obeying Orders
CCR Title 15 §3315 Serious Rule Violations
CCR Title 15 §3320 Hearing Procedures and Time Limitations
CCR Title 15 §3323 Disciplinary Credit Forfeiture Schedule

SUMMARY OF INVESTIGATION:

The First Level of Review was bypassed per CCR 3084.5(B). Eloy Medina, Appeals Coordinator, was assigned to investigate this appeal at the Second Level of Review. All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination/evaluation of the claim presented by the appellant was conducted in accordance with Salinas Valley State Prison Operational Procedures (OP); the CCR; and the Departmental Operations Manual (DOM). The appellant was interviewed by Eloy Medina.

The appellant was charged with a violation of CCR 3005(c) Force or Violence, for the specific act of "Resisting Staff." The charge was classified as a Division "D" offense.

The appellant states the charged offense is not listed in the disciplinary Credit Forfeiture Schedule.

CCR, Title 15 §3323(f)(6) lists "willfully resisting, delaying, or obstructing any peace officer in the performance of duty" as a Division "D" offense.

The discovery date of the RVR was 3/23/06. The appellant received his copy of the RVR on 4/5/06, which was within fifteen (15) days of the discovery. The appellant was provided with his copy of the entire RVR and all supplemental reports.

The RVR was not referred to the Monterey County District Attorney's (DA) office for prosecution.

The RVR reflects that the appellant attended the disciplinary hearing held on 4/5/06, and pled "not guilty" to the charge. The hearing was not conducted within 30 days of the appellant receiving his initial copy of the RVR.

The Senior Hearing Officer (SHO) determined a guilty finding, and assessed zero (0) days credit loss forfeiture due to lost time constraints.

A Staff Assistant was not assigned per CCR 3312(d)(2).

The appellant is a participant in the Mental Health Services Delivery System, (MHSDS) at the Correctional Clinical Case Management (CCCMS) level of care.

An Investigative Employee (IE) was not assigned because the appellant because the appellant remained in general population and was able to gather his own evidence.

The appellant states because he was not afforded an IE, key witnesses were not questioned that would have exonerated him of the charges.


The appellant did not request assignment of an IE upon issuance of the RVR (refer to 115A). The appellant remained housed in general population from the period of 3/23/06 until 4/11/06 which afforded the appellant an opportunity to gather evidence on the appellant's behalf. On 4/11/06, the appellant was re-housed in ASU due to the need to protect the integrity of an investigation into the appellant's submission of a staff complaint regarding this incident (SVSP Appeal Log # SVSP-C-06-00952). In the staff complaint submitted by the appellant on 4/11/06, the appellant alleged misuse of force by staff in this incident. The staff complaint was investigated at the First Level of Review and the Second Level of Review. In the staff complaint, the appellant identified witnesses and those witnesses were interviewed on behalf of the appellant. The results of that staff complaint are confidential and cannot be disclosed to the appellant. However, it should be noted that the results were examined during this level of review for this RVR appeal to ensure the RVR was appropriate. That examination resulted in this reviewer determining that the RVR was appropriate for the events on 3/23/06.

Therefore, the appellant was afforded the opportunity to request witnesses and an IE during issuance of the RVR but did not request either. The appellant remained in general population for a number of days allowing the appellant to collect evidence on his behalf. During the hearing of the RVR, the appellant had the opportunity to present a defense and request witnesses/evidence but the appellant declined to do so. Instead, the appellant pled not guilty and remained silent.

A review of this matter reflects that all issues pertaining to due process have been met.

DECISION: The appeal is DENIED.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.


A. HEDGPETH
Chief Deputy Warden
Salinas Valley State Prison

CDW/Medina 2nd

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Woodson, Thomas</u>	NUMBER <u>R 76095</u>	ASSIGNMENT <u>RVR</u>	UNIT/ROOM NUMBER <u>CDS-03-0020</u> <u>D-2-127</u>
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A. Describe Problem: Appellant AVER that his Due Process right to an investigative employee to gather Appellants information, evidence and witnesses per California Code of Regulations § 3318(a)(8)(c) has been denied Appellant. Appellant AVER that 3005(c) and its definition per CCR does not fit the charged offense in R.V.R Log # 03-0020, nor is the charged offense listed anywhere in § 3315 of the CCR Title XX specified as meeting the criteria as a Serious Rule Violation. Appellant AVER there were several witnesses to this incident whom would have provided eye witness account exculpatory and crucial to Appellants defense should Appellant had been Afforded an I.E. These witnesses would have provided testimony exonerating Appellant from the misleading and spurious charge.

If you need more space, attach one additional sheet. These witnesses are: V. Reidan #H 05477, G. Flores #H 62771, K. George #V 04691, Brainerd #3-118, Gaines #P-76605, M. Jackson #J-86753, M. Day #H 84996, Brown #P-1413

B. Action Requested: Appellant request for a reissue/rehear and an I.E. to gather witness information or dismiss this 115 R.V.R in the interest of Justice.

DELIVERED JUL 07 2006
REC'D JUL 08 2006

Inmate/Parolee Signature: Thomas Woodson

RECEIVED JUN 28 2006

Date Submitted: 6/25/06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

RECEIVED
SEP 15 2006
INMATE APPEALS
BRANCH

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification Committee Report, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

REC'D JUL 14 2006

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

Ma

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

BYPASS

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____

Signature: _____ Title: _____ Returned _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

BYPASS

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 7/17/06 Due Date: 8/23/06☒ See Attached Letter

Signature: _____

Date Completed: 8/15/06

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Appellant re-allege and re-incorporate section A. of this 602 in addition Appellant rejects and objects to the erroneous second level memorandum attempting to legitimize a retaliatory RVR (enclosed) that was written after Appellant reported excessive and unnecessary wanton use of force while Appellant was handcuffed and non-combative (RVR date: 3/30/06 115) on 3/23/06. The RVR was slid under Appellants door by a go while Appellants back was turned and in the cell preoccupied. The go was nowhere to be found when Appellant discovered the RVR. The fifth paragraph in the Summary of investigation that Appellant received his copy of the RVR on 4/5/06, then goes on to say (see attached)

Signature: Thomas WoodsonDate Submitted: 9/10/06

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached Letter

CDC 602 (12/87)

Date: **NOV 30 2006**

Continued from Section H. :

in the seventh paragraph that Appellant had a disciplinary hearing on the same day. This is a misrepresentation of the facts. Appellant's hearing was conducted against Appellant's wishes on 5/19/06. In the eleventh paragraph of the Summary investigation, it is stated that Appellant was not assigned an investigative employee because Appellant remained on the general population yard. Title 15 Admin. Code 3318 does not support this statement with regard to I.E. assistance, furthermore an I.E. was necessary due to the new discriminatory "pick and choose" policy on who comes out of there cells. Appellant has not been able to come out of his cell since July 05 with no explanation. Appellant qualifies for an I.E. per Title 15 Admin. Code 3315(d)(1)(A)(2). With regard to the CDC 115-A Appellant has never seen the document before this 602 and subsequent forms were returned to Appellant with this 602. Notice that nothing has been signed, requested, waived or refused on the form by Appellant. A staff member has never approached Appellant with this form. As you see there is not even a legible or clear staff signature date or time indicated. The 115-A form is fraudulent. Appellant puts the Chief of inmate appeals on notice of the blatant retaliatory abuse of procedural ethics, utilizing deception as a tool to deny Appellant procedural due process and equal protection (See Wolf V. McDonnell (1974) 418 U.S. 589, Penal Code Section 2932 Subdivision (a)(3))

" The failure of Prison officials to Appoint an Investigative employee or staff assistant Violated Appellant's rights to a fair hearing as protected by Title 15, Cal. Admin. Code Section 3315(d) and 3318 (b) and the due process clause of the state and federal Constitutions."

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER P-76095	INMATE'S NAME Woodson	RELEASE/BOARD DATE 11/15/06	INST SVSP	HOUSING NO. PC-85-105	LOG NO. 006
VIOLATED RULE NO(S) 3005(c)		SPECIFIC ACTS Resisting Staff With Physical Force		LOCATION Fac 'C' C3 105	DATE 03-23-06 TIME 1330 Hours

CIRCUMSTANCES On 03-23-06, at approximately 1330 hours, while performing my duties as CI Yard #2 Officer, while conducting mass searches of Charlie 3 Building, Sergeant Kircher instructed C/O Parra and myself to escort inmate Woodson, P-76095 to the Health Service Annex. While escorting Woodson became resistive and started to twist and turn back and forth. Fearing that Woodson would break our grip, C/O Parra and myself using physical force placed inmate Woodson on the ground. I placed my right arm under Woodson's left arm to apply physical force to Woodson's upper back, while placing my left hand on his neck and head area. C/O Parra was on his right side. Once Woodson was prone out on the floor, responding staff arrived to assist. Someone placed leg irons on Woodson. As a result of C/O Parra and myself proning Woodson out, Sergeant Kircher instructed C/O Rodriguez and Camarena to continue the escort to the Health Service Annex. This concludes my report.

Inmate Woodson [is] [is not] a participant in the Mental Health Services Delivery System and is aware of this report.

REPORTING EMPLOYEE (Typed Name and Signature) D. Vega, Correctional Officer		DATE 3-30-06	ASSIGNMENT CI Yard #2	RDO'S T/W
REVIEWING SUPERVISOR'S SIGNATURE <i>[Signature]</i>		DATE 3/29/06	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: D	DATE 3/30/06	CLASSIFIED BY (Typed Name and Signature) P. DEAR, CCI	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC
COPIES GIVEN INMATE BEFORE HEARING				
<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE 3-30-06	TIME 1:00	TITLE OF SUPPLEMENT
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER: P-76095-006	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE 3-30-06	TIME 1:00	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>

During the charges were read aloud as written to Inmate Woodson, who acknowledged understanding the charges and who entered a plea of Not Guilty.

Findings: Inmate Woodson was found **Guilty** of violating CDCS 3005(c); specifically, 'Resisting Staff W/Physical Force,' a Division 'D' offense (CDCS 3323(f)(6)).

Disposition: Assessed 0 days forfeiture due to Time Constraints not being met. Inmate was counseled, warned and reprimanded.

Additional Disposition: None.

Classification Referral: Refer to UCC for Program Review.

Disposition continued on CDC 115C.

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME) P. Roque, Lieutenant		SIGNATURE <i>[Signature]</i>		DATE 4/15/06	TIME 1630
REVIEWED BY: (SIGNATURE) G. Ponder, Captain		DATE 4/15/06	CHIEF DISCIPLINARY OFFICER'S SIGNATURE M. Moore, C.D.O.		DATE 4/15/06
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		BY: (STAFF'S SIGNATURE) <i>[Signature]</i>		DATE 4/15/06	TIME 1630

CDC 115 (7/88)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE ___ OF ___

EDC NUMBER P-76095	INMATE'S NAME Woodson	LOG NUMBER 006-03-0020	INSTITUTION SVSP	TODAY'S DATE 05-19-06
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER _____				

Hearing: This hearing commenced on 05-19-06 at 1930 hours.

Inmate's health: Inmate Woodson stated his health was good and that he was ready to proceed with the hearing.

MHSDS: Inmate Woodson is a participant in the Mental Health Services Delivery System (MHSDS) at the Correctional Clinical Case Management System (CCMS) level of care. The circumstances of the Rules Violation Report do not indicate that Inmate Woodson exhibited any bizarre behavior that would raise concerns about his mental health. At the hearing, Inmate Woodson did not demonstrate any strange, bizarre, or irrational behavior. Based on this and pursuant to recent changes approved by the U.S. District Court in Coleman, a mental health assessment was not initiated. Consequently, a staff assistant was not deemed necessary.

Date of discovery: 03-23-06

Initial RVR copy issued on: 04-05-06

Hearing Completed on: 05-19-06

Last document issued to Inmate on: 04-05-06

DA Postponed Date: N/A

Date DA results issued: N/A

Time Constraints: All time constraints have not been met pursuant to CORP 3320. Inmate was not afforded a hearing within thirty days from the date that he received initial copy of CDC 115. No extraordinary circumstances exist.

Staff Assistant (SA): Inmate Woodson is not non-English speaking and has no mental illness that would require assistance in understanding the disciplinary hearing process and his rights related to the same. As a result, Staff Assistance was not assigned.

Investigative Employee (IE): Inmate Woodson does not meet the criteria for assignment of an Investigative Employee.

DA Referral: This matter was not referred to the Monterey County District Attorney's Office.

Evidence Requested or Used: Inmate Woodson did not request that evidence be produced for this hearing at the time he was issued a copy of his CDC 115A.

Video Tape Evidence: None.



Inmate Plea and Statement: Inmate Woodson entered a plea of "Not Guilty," and further elected to remain silent.

Witnesses Requested or Provided: Inmate Woodson did not request that any staff or inmate witnesses be produced for this hearing.

Witness Testimony at Hearing: No witnesses were requested or granted by the SPO.

Confidential Information: None

P. Roque, Lieutenant

SIGNATURE OF WRITER 		DATE SIGNED 6/15/06	
GIVEN BY: (Staff's Signature) 		DATE SIGNED 6/15/06	TIME SIGNED 10:00
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE ____ OF ____

CDC NUMBER P-76095	INMATE'S NAME Woodson	LOG NUMBER C06-03-0020	INSTITUTION SVSP	TODAY'S DATE 05-19-06
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

Findings:

Inmate Woodson is found guilty of the charged offense of violating CCRS 3005(c); for the specific act of "Resisting Staff W/Physical Force," a Division 'D' offense (CCRS 3323(f)(6)). The evidence used to render this finding included:

- 1) The facts contained within the body of the Rules Violation Report authored by D. Vega.

Based on the observations of Officer Vega, Inmate Woodson became resistive and started to twist and turn back and forth while being escorted. Officer Vega along with Officer Parra using physical force took Woodson to the ground and placed him in the prone position.

Based on the aforementioned facts, this SHO finds the preponderance of the evidence has been met to render and sustain a finding of guilt on the charged offense of violating CCRS 3005(c); specifically, "Resisting Staff W/Physical Force." a Division 'D' offense (CCRS 3323(f)(6)).

Additional Disposition: None.

Enemy Concerns: None

Appeal Rights: Inmate Woodson was advised that the disposition of this Rules Violation Report would not become final until approved by the Chief Disciplinary Officer, at which time he will receive a final copy of the completed CDC 115. He was also advised of his rights to appeal the findings of this hearing, the methods of appealing, and credit restoration rights pursuant to CCRS 3327 & 3328, governing the restoration of forfeited credits.

P. Roque, Lieutenant

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>[Signature]</i>	DATE SIGNED 6-15-06	
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 6-15-06	TIME SIGNED 1300

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE ____ OF ____

CDC NUMBER P-76095	INMATE'S NAME WOODSON	LOG NUMBER 05-13-0070	INSTITUTION STP	TODAY'S DATE 03-23-06
<input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER _____				

On 03-23-06, at approximately 1330 hours, while performing my duties as C Yard Recreation Officer, while conducting mass searches of C3-A-Section. Inmate Woodson became disruptive. Sergeant Kircher instructed myself and C/O D. Vega to escort inmate Woodson, P-76095 to the Health Service Annex. While escorting Woodson became disruptive by screaming and yelling. At that time Inmate Woodson resisted the escort by stopping and twisting his body. At that time I forced his body to the ground by pushing down on his arm and shoulder. C/O D. Vega and myself had inmate Woodson prone on the ground. At that time C/O J. Rodriguez placed leg restraints on Woodson and C/O J. Rodriguez and E. Camarena relieved myself and C/O D. Vega of the escort. This concludes my report.

D J Parra, Correctional Officer

SIGNATURE OF WRITER <i>[Signature]</i>		DATE SIGNED 3/30/06	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) <i>[Signature]</i>		DATE SIGNED 4-5-06
			TIME SIGNED 1500

SERIOUS RULE VIOLATION REPORT

Case 4:07-cv-04925-CW

Document 2

Filed 09/21/2007

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DEPARTMENT OF CORRECTIONS

CDC NUMBER P-76095	INMATE'S NAME Woodson	VIOLATED RULE NO(S) 305(c)	DATE 03-23-06	INSTITUTION SVSP	LOG NO. 075
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE

DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION
---------------------------------	-------------

<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE
--	-------------------------	------

STAFF ASSISTANT

<input type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF	
<input type="checkbox"/> NOT ASSIGNED	REASON		

INVESTIGATIVE EMPLOYEE

<input type="checkbox"/> REQUESTED	<input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF	
<input type="checkbox"/> NOT ASSIGNED	REASON		

EVIDENCE/INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

☐ REPORTING EMPLOYEE ☐ STAFF ASSISTANT ☐ INVESTIGATIVE EMPLOYEE ☐ OTHER ☐ NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE ▶		DATE	
<input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶	TIME	DATE

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART A - COVER SHEET

CDCR 837-A (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SVP-FC3-06-03-0167

INCIDENT DATE

03/23/06

INCIDENT TIME

1330

INSTITUTION	FACILITY	FACILITY LEVEL	INCIDENT SITE	LOCATION	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> SNY <input type="checkbox"/> PHU <input type="checkbox"/> CTC <input checked="" type="checkbox"/> GP <input type="checkbox"/> RC	SEG YARD <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SVSP	C	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	C Facility	Building 3			

SPECIFIC CRIME / INCIDENT

Resisting Staff/ Use of Physical Force

NUMBER/SUBSECTION:

☒ CCR ☐ PC ☐ N/A

3005 (c)

D A REFERRAL ELIGIBLE

CRISIS RESPONSE TEAM ACTIVATED

MUTUAL AID REQUEST

PIO/AA NOTIFIED

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)

DEATH		CAUSE OF DEATH		ASSAULT / BATTERY		TYPE OF ASSAULT / BATTERY	
<input type="checkbox"/> INMATE	<input type="checkbox"/> ACCIDENTAL	<input type="checkbox"/> NATURAL	<input type="checkbox"/> ON INMATE	<input type="checkbox"/> BEATING	<input type="checkbox"/> SPEARING		
<input type="checkbox"/> STAFF	<input type="checkbox"/> EXECUTION	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> ON STAFF	<input type="checkbox"/> GASSING	<input type="checkbox"/> STABBING		
<input type="checkbox"/> VISITOR	<input type="checkbox"/> HOMICIDE		<input type="checkbox"/> ON VISITOR	<input type="checkbox"/> POISONING	<input type="checkbox"/> STRANGLING		
<input type="checkbox"/> OTHER:	<input type="checkbox"/> SUICIDE		<input type="checkbox"/> OTHER:	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> OTHER:		
	<input type="checkbox"/> OVERDOSE			<input type="checkbox"/> SHOOTING			
<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> SLASHING	<input checked="" type="checkbox"/> N/A		

SERIOUS INJURY		INMATE WEAPONS		TYPE OF WEAPON / SHOTS FIRED / FORCE			
<input type="checkbox"/> INMATE	<input type="checkbox"/> CHEMICAL SUBSTANCE	TYPE:	<input type="checkbox"/> WEAPON:	WARNING #	EFFECT #	BATON ROUND	
<input type="checkbox"/> STAFF	<input type="checkbox"/> CLUB / BLUDGEON	<input type="checkbox"/> COMMERCIAL WEAPON	<input type="checkbox"/> MINI 14	_____	_____	TYPE / NO:	
<input type="checkbox"/> VISITOR	<input type="checkbox"/> EXPLOSIVE	<input type="checkbox"/> INMATE MANUFACTURED WEAPON	<input type="checkbox"/> 38 CAL.	_____	_____	WOOD _____	
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> FIREARM		<input type="checkbox"/> 9MM	_____	_____	RUBBER _____	
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HANDS / FEET		<input type="checkbox"/> SHOTGUN	_____	_____	FOAM _____	
	<input type="checkbox"/> KNIFE		<u>LAUNCHER:</u>			<u>STINGER:</u>	
	<input type="checkbox"/> SAPI/SLUNG SHOT		<input type="checkbox"/> 37MM	_____	_____	.32 (A) _____	
	<input type="checkbox"/> PROJECTILE		<input type="checkbox"/> L8	_____	_____	.60 (B) _____	
<u>ESCAPES</u>	<input type="checkbox"/> SPEAR		<input type="checkbox"/> 40MM	_____	_____	EXACT IMPACT _____	
<input type="checkbox"/> W / FORCE	<input type="checkbox"/> SLASHING INSTRUMENT: (TYPE) _____		<input type="checkbox"/> 40MM MULTI	_____	_____	CTS 4557 _____	
<input type="checkbox"/> W/O FORCE	<input type="checkbox"/> STABBING INSTRUMENT: (TYPE) _____		<input type="checkbox"/> HFWRS	_____	_____	XM 1006 _____	
<input type="checkbox"/> ATTEMPTED	<input type="checkbox"/> OTHER: _____		<u>FORCE</u>			<u>CHEMICAL</u>	
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: _____		<input type="checkbox"/> EXPANDABLE BATON			<input type="checkbox"/> OC _____	
	<input type="checkbox"/> UNKNOWN LIQUID		<input checked="" type="checkbox"/> PHYSICAL FORCE			<input type="checkbox"/> CN _____	
	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> X10			<input type="checkbox"/> CS _____	
			<input type="checkbox"/> OTHER: _____			<input type="checkbox"/> N/A _____	

CONTROLLED SUBSTANCE	WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY	
<input type="checkbox"/> POSITIVE UA	<input type="checkbox"/> WITH PACKAGING	<input type="checkbox"/> MODIFIED PROGRAM	<input type="checkbox"/> EMPLOYEE JOB ACTION	<input type="checkbox"/> WEATHER
<input type="checkbox"/> CONTROLLED MEDS	<input type="checkbox"/> W/O PACKAGING	<input type="checkbox"/> LOCKDOWN	<input type="checkbox"/> ENVIRONMENTAL HAZARD	<input type="checkbox"/> SEARCH WARRANT
	<u>PRELIMINARY</u> <u>LAB</u>	<input type="checkbox"/> STATE OF EMERGENCY	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> ARREST
<input type="checkbox"/> AMPHETAMINE	_____	IF YES, LIST AFFECTED PROGRAMS:	<input type="checkbox"/> FIRE	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> BARBITURATES	_____		<input type="checkbox"/> GANG/DISRUPTIVE GROUP	
<input type="checkbox"/> COCAINE	_____		<input type="checkbox"/> HOSTAGE	<u>EXTRACTION:</u>
<input type="checkbox"/> CODEINE	_____		<input type="checkbox"/> INMATE STRIKE	<input type="checkbox"/> CALCULATED
<input type="checkbox"/> HEROIN	_____		<input type="checkbox"/> MAJOR DISTURBANCE	<input type="checkbox"/> EMERGENCY
<input type="checkbox"/> MARIJUANA/THC	_____		<input type="checkbox"/> MAJOR POWER OUTAGE	
<input type="checkbox"/> METHAMPHETAMINE	_____		<input type="checkbox"/> NATURAL DISASTER	
<input type="checkbox"/> MORPHINE	_____		<input type="checkbox"/> PUBLIC DEMONSTRATION	
<input type="checkbox"/> OTHER: _____	_____	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> SPECIAL INTEREST I/M	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> N/A				

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On March 23, 2006 at approximately 1330 hours Inmate Woodson P-76095, C3-105L began to resist staff as he was being escorted to the program area. Escorting staff used physical force to gain control of the inmate.

COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TYPE)	TITLE	ID #	BADGE #
J. Celaya	Lieutenant	[REDACTED]	34889
SIGNATURE OF REPORTING STAFF		PHONE EXT. (INCIDENT SITE)	DATE
[Signature]		[REDACTED]	3/23/06
NAME OF WARDEN / AOD (PRINT/SIGN)	TITLE		DATE
G. Ponder	Captain		3/24/06

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART A1 - SUPPLEMENT

CDCR 837-A1 (07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-FC3-06-01-0012

INSTITUTION

SVSP

FACILITY

"C"

DATE OF INCIDENT

03/23/06

TIME OF INCIDENT

1330

TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT☐ SUPPLEMENTAL INFORMATION☒ AMENDED INFORMATION☐ CLOSURE REPORT

NARRATIVE:

On March 23, 2006 at approximately 1330 hours Inmate Woodson P-76095, C3-105 was becoming belligerent and argumentative as staff attempted to search his cell. To prevent further disruption Correctional Sergeant M. Kircher instructed Officers D. Vega and J. Parra to escort Inmate Woodson to the Health Services Annex and secured him on a holding cell. As the escort was proceeding out of the section Inmate Woodson began to twist his upper body back and forth in an attempt to break the control of the officers escorting him. Officer Vega and Parra utilizing their body weight forced Inmate Woodson to the ground. Inmate Woodson continued to resist by kicking his legs and twisting his upper body. Correctional Sergeant M. Atchley instructed Officer J. Rodriguez to place leg restraints on Woodson. Inmate Woodson was then escorted from the unit to the facility program area. Inmate Woodson was secured in the Health Service Annex in holding cell #1.

SUSPECT(S): Woodson P-76095, C3-105

VICTIM(S): N/A

ESCORT(S): Officer's D. Vega and J. Parra were the initial escort team and were relieved by Correctional Officers J. Rodriguez and E. Camarena who completed the escort and secured Inmate Woodson in holding cell #1.

USE OF FORCE: Correctional Officers D. Vega and J. Parra utilized physical force on Inmate Woodson.

EVIDENCE: N/A

MEDICAL/MENTAL HEALTH EVALUATION: RN N. Moore examined Inmate Woodson and noted an abrasion to the right temple, swelling to the right shoulder and abrasion and both knees. Inmate Woodson is a participant of the Mental Health Delivery System at the CCCMS level of care.

CONCLUSION: Inmate Woodson will receive a Rule Violation Report for the specific act of "Resisting Staff".

NOTIFICATIONS: This case will not be referred to the Monterey County District Attorney's for possible prosecution. All appropriate administrative staff were notified of this incident. You will be appraised of further developments on this matter via supplemental report as they occur.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. Celaya	TITLE Lieutenant	ID # [REDACTED]	BADGE # 34889
SIGNATURE OF REPORTING STAFF [Signature]	PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 3/23/06	
NAME OF WARDEN / AOD (PRINT/SIGN) G. Ponder	TITLE Captain	DATE 3/24/06	

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART B1 - INMATE
 CDCR 837-B1 (07/05)

PAGE 1 OF 1

INSTITUTION SVSP	FACILITY C Facility	INCIDENT LOG NUMBER SVP-FC3-06-03-0167
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INMATE (ENTIRE SHEET)

NAME: LAST Woodson		FIRST T	MI	CDC # P76095	SEX M	ETHNICITY Bla	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB	HOUSING ASSIGN. C3-105L
<input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CCCMS MHC	EOP DDP	DPP N/A	DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES: Scratch to right cheek, Swollen Right Shoulder, abrasions to both knees	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input checked="" type="checkbox"/> N/A
---	--

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> DECEASED DATE:	<input checked="" type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A Facility C health Svc. Annex
--	--	---

NAME: LAST		FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING ASSIGN.
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CCCMS MHC	EOP DDP	DPP N/A	DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
--------------------------	---

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> DECEASED DATE:	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A
--	---	--

NAME: LAST		FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING ASSIGN.
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CCCMS MHC	EOP DDP	DPP N/A	DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
--------------------------	---

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> DECEASED DATE:	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A
--	---	--

NAME: LAST		FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING ASSIGN.
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CCCMS MHC	EOP DDP	DPP N/A	DMH	COMMITMENT OFFENSE	COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
--------------------------	---

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> DECEASED DATE:	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A
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STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART B2- STAFF
 CDCR 837-B2 (07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 1 OF 2

INSTITUTION SVSP	FACILITY C Facility	INCIDENT LOG NUMBER SVP-FC3-06-03-0167
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STAFF (ENTIRE SHEET)

NAME: LAST Celaya	FIRST J	MI	TITLE Correctional Lieutenant	SEX M	ETHNICITY Oth	RDO'S F/S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION Facility C Program Lieutenant		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Kircher	FIRST M	MI	TITLE Correctional Sergeant	SEX M	ETHNICITY His	RDO'S F/S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION Facility C Program Sergeant		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Atchley	FIRST M	MI	TITLE Correctional Sergeant	SEX M	ETHNICITY Whi	RDO'S T/W
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION Fac. C Housing Sergeant		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Parra	FIRST J	MI	TITLE Correctional Officer	SEX M	ETHNICITY His	RDO'S M/T
CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION Facility C Recreation Officer		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: Physical		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Vega	FIRST D	MI	TITLE Correctional Officer	SEX M	ETHNICITY Bla	RDO'S T/W
CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION C1 Yard #2		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: Physical		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART B2- STAFF
 CDCR 837-B2 (07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 2 OF 2

INSTITUTION SVSP	FACILITY C Facility	INCIDENT LOG NUMBER SVP-FC3-06-03-0167
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STAFF (ENTIRE SHEET)

NAME: LAST Camarena	FIRST E	MI	TITLE Correctional Officer	SEX M	ETHNICITY His	RDO'S F/S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION Facility C2 Yard Officer #4		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Rodriguez	FIRST J	MI J	TITLE Correctional Officer	SEX M	ETHNICITY His	RDO'S F/S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION Facility C2 Yard #3		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Cano	FIRST G	MI C	TITLE Correctional Officer	SEX M	ETHNICITY His	RDO'S S/S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION C3 Control		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Moore	FIRST N	MI	TITLE Registered Nurse	SEX F	ETHNICITY Whl	RDO'S S/S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # N/A	POST ASSIGN. # N/A	POSITION Facility C Nurse		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	POST ASSIGN. #	POSITION		
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDCR 837-C (Rev. 07/05)
PAGE 1 OF 2INCIDENT LOG NUMBER
SVP-FC3-06-03-0167

NAME: LAST Kircher		FIRST M		MI J	DATE OF INCIDENT 03/23/06	TIME OF INCIDENT 1330
POST # 230333	POSITION C Program Sgt.	YEARS OF SERVICE 9 YR. 7 MO.	DATE OF REPORT 03/23/06		LOCATION OF INCIDENT C3 A Section	
RDO's F/S	DUTY HOURS 0600-1400	DESCRIPTION OF CRIME / INCIDENT Resisting Staff w/ Physical Force			CCR SECTION / RULE 3005 (c) <input type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	Lt. J. Celaya (s)	C/O E. Camarena (s)	I/M Woodson	(P-76095, C3-105L)
<input type="checkbox"/> RESPONDER	Sgt. M. Atchley (s)	C/O D. Cano (s)		
<input checked="" type="checkbox"/> WITNESS	C/O J. Parra (s)	RN N. Moore (s)		
<input type="checkbox"/> VICTIM	C/O D. Vega (s)			
<input type="checkbox"/> CAMERA	C/O J.J. Rodriguez (s)			

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU			CHEMICAL AGENTS USE BY YOU
<input type="checkbox"/> WEAPON	NO: TYPE:			TYPE:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37MM		<input type="checkbox"/> OC
<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM		<input type="checkbox"/> CN
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB		<input type="checkbox"/> CS
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI		<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> WEAPON	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HPWRS		<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> PHYSICAL		<input type="checkbox"/> BATON		
<input type="checkbox"/> CHEMICAL				
<input type="checkbox"/> NONE				


EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER: _____	

NARRATIVE:

On Thursday, March 23, 2006 at about 1300 hours, i was performing my duties as Facility C program Sergeant when I was supervising cell searches in building C-3. I saw Inmate Woodson (P76095,C3-105L) starting to become argumentative with staff in front of cell 105. Inmate Woodson was already in handcuffs and was raising his voice to staff who were starting to search his cell. I instructed Officer J. Parra and Officer D. Vega to escort Inmate Woodson out of the building to a temporary holding cell in the Facility C Health Services Annex to provide him with a cool down period. I started to walk along with the escorting officers and Inmate Woodson started to resist the two officers who were escorting him. Inmate Woodson began to twist his body from left to right trying to pull away from the grasp of Officers Vega and Parra. I looked up and told Control Booth Officer G. Cano to activate his personal alarm. Inmate Woodson was still trying to pull away from Officers Parra and Vega, I ordered Inmate Woodson to stop resisting with negative results. Officer Parra and Vega then maintaining control of Inmate Woodson forced him down to the floor utilizing their body weight. Inmate Woodson was held down on the floor by Officer Vega and Parra. Sergeant M. Atchley instructed Officer J. Rodriguez to place leg restraints on Inmate Woodson. Officer Rodriguez obtained leg restraints from Officer Cano and placed them on Inmate Woodson. Inmate Woodson continued to twist

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE Corr. Sergeant	BADGE # 	DATE 03/23/06
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
		DATE	

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1- SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP-FC3-06-03-0167

NAME: LAST

Kircher

FIRST

M

MI

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT
 ☐ CLARIFICATION OF REPORT
 ☐ ADDITIONAL INFORMATION

NARRATIVE:

and turn his body trying to pull away from Officers Vega and Parra. I instructed Parra and Vega to maintain control of Woodson, which they did by holding him down on his stomach. Sergeant M. Atchley instructed Officers J. Rodriguez and E. Camarena to lift Inmate Woodson to his feet and then to escort him to a temporary holding cell inside the Facility C Health Services Annex. Sergeant Atchley, Officer Camarena, and Officer Rodriguez then escorted Inmate Woodson out of the building and placed him into temporary holding cell #1. RN N. Moore medically evaluated Inmate Woodson. Lieutenant J. Celaya was notified of this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF	TITLE Corr. Sergeant	BADGE # [REDACTED]	ID # [REDACTED]	DATE 03/23/06
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SUP-FCB-06-03-0167

NAME: LAST

ATZ HLEY

FIRST

M.

MI

B

DATE OF INCIDENT

03/23/06

TIME OF INCIDENT

1330

POST #

320420

POSITION

C2 YARD SGT.

YEARS OF SERVICE

3 YR. 8 MO.

DATE OF REPORT

03/23/06

LOCATION OF INCIDENT

BUILDING C3

RDO's

T/W

DUTY HOURS

0600
1400

DESCRIPTION OF CRIME / INCIDENT

RESISTING STAFF PHYSICAL

CCR SECTION / RULE

3005(1)

☐ N/A

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☐ PRIMARY☐ RESPONDER☒ WITNESS☐ VICTIM☐ CAMERA

(S) D. VEGA %

(S) J. PARRA %

(S) J. RODRIGUEZ %

(S) CAMARONA %

(S) N. A. MOORE

(S) WOODSON, P 76095, C3-105+

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USE BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

FORCE OBSERVED BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE

NO:

NO:

TYPE:

TYPE:

☐ MINI-14☐ 37MM☐ 9 MM☐ 40 MM☐ 38 CAL☐ L8☐ SHOTGUN☐ 40 MULTI☐ HFWRs☐ BATON☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO
HAZARD

PPE

☐ YES☒ NO☒ N/A☒ N/A☐ YES☒ NO☐ YES☒ NOREPORTING
STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED
(HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067
COMPLETED☐ YES☒ NO☒ N/A☒ N/A☐ BODILY ☒ N/A
☐ UNKNOWN
☐ OTHER:☐ YES
☒ NO

NARRATIVE:

ON 03/23/06, AT ABOUT 1330 HOURS, WHILE SUPERVISING CELL SEARCHING IN BUILDING C3, HEARD A COMOTION AND TURNED TO SEE OFFICERS J. PARRA & D. VEGA ESCORTING Y/M WOODSON, P 76095, C3-105+. Y/M WOODSON WAS SHOUTING AND BECAME VERY Began TO PHYSICALLY RESIST OFFICERS VEGA AND PARRA BY TWISTING HIS UPPER BODY BACK AND FORTH. WHILE OFFICER VEGA MAINTAINED CONTROL OF Y/M WOODSON'S LEFT ARM AND OFFICER PARRA HELD HIS RIGHT, BOTH OFFICERS CONTINUED THE FORCED INMATE WOODSON TO THE GROUND, USING THEIR BODY WEIGHT. INMATE WOODSON, WHO WAS ALREADY IN HAND-CUFFS FROM THE ESCORT, CONTINUED TO RESIST. WOODSON CONTINUED TO TWIST HIS BODY AND KICK HIS FEET. AT THAT TIME I ORDERED OFFICER J. RODRIGUEZ TO PLACE Y/M WOODSON

☒ CHECK-IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

Sergeant

BADGE #

DATE

03/23/06

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

3/23/06

APPROVED

☒ YES☐ NO

CLARIFICATION NEEDED

☐ YES☐ NO

DATE

STATE OF CALIFORNIA

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CRIME / INCIDENT REPORT

PART C1- SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVD-FCB-06-03-0167

NAME: LAST

ATCHLEY

FIRST

M.

MI

B.



TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

IN LEG RESTRAINTS. I THEN ORDERED OFFICERS RODRIGUEZ AND CAMARENA TO RELIEVE OFFICERS VEGA AND PARRA AND ESCORT HIM TO THE C-FACILITY HOLDING CELL. HE REMAINED WITH BOTH OFFICERS AND Y/M WOODSON THROUGH THE ESCORT. WHILE ESCORTING Y/M WOODSON, HE CONTINUED TO SCREAM AND REFUSED TO WALK. I THEN INSTRUCTED BOTH OFFICERS TO STOP THE ESCORT WHILE I CHECKED THE RESTRAINTS ON Y/M WOODSON WHILE Y/M WOODSON WAS ON HIS KNEES. ENSURING THE RESTRAINTS WERE SECURE BUT NOT TOO TIGHT, I INSTRUCTED OFFICERS RODRIGUEZ AND CAMARENA TO CONTINUE THE ESCORT. Y/M WOODSON WAS THEN PLACED INTO HOLDING CELL #1, IN THE C-FACILITY HEALTH SERVICES ANNEX, WHERE HE WAS MEDICALLY EVALUATED AND TREATED BY RN, A. MOORE.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE SERGEANT	BADGE # [REDACTED]	ID # [REDACTED]	DATE 03/23/06
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 3/23/06	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C- STAFF REPORT
CDCR 837-C (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 1 OF 1

INCIDENT LOG NUMBER

SVP-PC3-06.03-0167

NAME: LAST PARRA	FIRST J	MI C	DATE OF INCIDENT 3-23-06	TIME OF INCIDENT 1330
POST # 233416	POSITION C-REC OFFICER	YEARS OF SERVICE 4 YR. 4 MO.	DATE OF REPORT 3-23-06	LOCATION OF INCIDENT C-3-A SECTION
RDO's MT	DUTY HOURS 0600-1400	DESCRIPTION OF CRIME / INCIDENT Resisting staff w/ physical force		CCR SECTION / RULE 3005 (C)

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input checked="" type="checkbox"/> PRIMARY	D. VEGA c/o (S)	WOODSON (S)	P-76095
<input type="checkbox"/> RESPONDER	Sgt. M. Kircher (S)		
<input type="checkbox"/> WITNESS	E. Camarena c/o (S)		
<input type="checkbox"/> VICTIM	J. Rodriguez c/o (S)		
<input type="checkbox"/> CAMERA			

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU		CHEMICAL AGENTS USE BY YOU
<input type="checkbox"/> WEAPON	NO: <input type="checkbox"/> MINI-14	NO: <input type="checkbox"/> 37MM	TYPE: <input type="checkbox"/> OC
<input checked="" type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM	<input type="checkbox"/> CN
<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB	<input type="checkbox"/> CS
<input type="checkbox"/> NONE	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI	<input type="checkbox"/> OTHER: _____
FORCE OBSERVED BY YOU	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HFWS	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> WEAPON		<input type="checkbox"/> BATON	
<input type="checkbox"/> PHYSICAL			
<input type="checkbox"/> CHEMICAL			
<input checked="" type="checkbox"/> NONE			

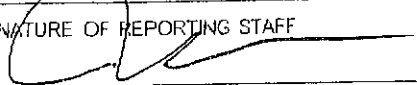
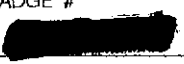
EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> UNKNOWN	
			<input type="checkbox"/> OTHER: _____	

NARRATIVE:

on March 23, 2006, while performing my duties as CYARD REC officer, at about 1330 hours while performing mass cell searches in C-3 A section, I'm Woodson P-76095 became disruptive but M. Kircher order myself and c/o O Vega to escort I'm Woodson P-76095 to C Health service annex. While escorting I'm Woodson he again became disruptive by screaming and yelling. At that time I'm Woodson resisted the escort by stopping and twisting his body. At that time I forced his body to the ground by pushing down on his arm and shoulder. c/o D. Vega had control of his left arm and shoulder. c/o O. Vega and myself had I'm Woodson prone on the ground. At that time c/o J. Rodriguez placed leg restraints on I'm Woodson and c/o J. Rodriguez and c/o E. Camarena relieved myself and c/o D. Vega of the escort. This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	DATE 3-23-06
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
			DATE

STATE OF CALIFORNIA

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PART C - STAFF REPORT
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INCIDENT LOG NUMBER

SVP-FC3-06-03-0167

NAME: LAST <u>RODRIGUEZ</u>		FIRST <u>J</u>		MI <u>J</u>	DATE OF INCIDENT <u>3-23-06</u>	TIME OF INCIDENT <u>1330 HRS</u>
POST # <u>233406</u>	POSITION <u>C-2 yard #3</u>	YEARS OF SERVICE <u>4 YR. 5 MO.</u>	DATE OF REPORT <u>3-23-06</u>		LOCATION OF INCIDENT <u>C-3 C-POD</u>	
RDO's <u>115</u>	DUTY HOURS <u>0800-1600</u>	DESCRIPTION OF CRIME / INCIDENT <u>RESISTING STAFF W/ PHYSICAL FORCE</u>			CCR SECTION / RULE <u>3005(C)</u>	<input type="checkbox"/> I/A

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA	<u>SGT. M. ATCHELEY (S)</u> <u>C. V. VELA</u> <u>C. J. PARRA</u> <u>C. E. CAMERENA</u>	<u>WOODSON P76095(S)</u>

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU	CHEMICAL AGENTS USE BY YOU																											
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE FORCE OBSERVED BY YOU <input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE	<table border="0"> <tr> <th>NO:</th> <th>NO:</th> <th>TYPE:</th> </tr> <tr> <td><input type="checkbox"/> MINI-14</td> <td><input type="checkbox"/> 37MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9 MM</td> <td><input type="checkbox"/> 40 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 38 CAL</td> <td><input type="checkbox"/> LB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SHOTGUN</td> <td><input type="checkbox"/> 40 MULTI</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> <td><input type="checkbox"/> HWRS</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BATON</td> <td></td> </tr> </table>	NO:	NO:	TYPE:	<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37MM		<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM		<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB		<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HWRS			<input type="checkbox"/> BATON		<table border="0"> <tr> <th>TYPE:</th> </tr> <tr> <td><input type="checkbox"/> OC</td> </tr> <tr> <td><input type="checkbox"/> CN</td> </tr> <tr> <td><input type="checkbox"/> CS</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table>	TYPE:	<input type="checkbox"/> OC	<input type="checkbox"/> CN	<input type="checkbox"/> CS	<input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A
NO:	NO:	TYPE:																											
<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37MM																												
<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM																												
<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB																												
<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI																												
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HWRS																												
	<input type="checkbox"/> BATON																												
TYPE:																													
<input type="checkbox"/> OC																													
<input type="checkbox"/> CN																													
<input type="checkbox"/> CS																													
<input type="checkbox"/> OTHER:																													
<input checked="" type="checkbox"/> N/A																													

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

ON TUESDAY MARCH 23, 2006 AT ABOUT 1330 HOURS, WHILE CONDUCTING MY DUTIES AS C-2 YARD OFFICER #3, I WAS ASSISTING WITH MASS CELL SEARCHES IN C-3. I WAS CONDUCTING A SEARCH OF CELL 105, WHEN I HEARD AN INMATE BECOME DISRUPTIVE BY YELLING. I STEPPED OUT OF CELL 105 AND SAW AN INMATE (LATER IDENTIFIED AS WOODSON (P76095 C-3 (OSC)), LYING ON THE GROUND IN THE PRONE POSITION IN FRONT OF THE A-POD COR. I RESPONDED TO THE AREA, AT WHICH I HEARD THE AUDIBLE ALARM SOUNDED. I SAW OFFICERS V. VELA AND J. PARRA TRYING TO CONTROL INMATE WOODSON WHO WAS TRYING TO PULL AWAY FROM THE OFFICERS. SERGEANT M. ATCHELEY ORDERED ME TO PLACE LEG IRONS ON THE INMATE. I ASKED THE C-3 CONTROL BOOTH OFFICER G. CANTO TO GIVE ME A SET OF LEG IRONS. I THEN PLACED THE LEG IRONS ON WOODSON. SGT. ATCHELEY INSTRUCTED OFFICER E. CAMERENA AND I TO ESCORT THE INMATE TO THE HEALTH SERVICES ANNEX. WHILE

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <u>[Signature]</u>	TITLE <u>C/O</u>	BADGE # <u>[Redacted]</u>	DATE <u>3-23-06</u>
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA
 CRIME/INCIDENT REPORT
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DEPARTMENT OF CORRECTIONS AND REHABILITATION

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INCIDENT LOG NUMBER

SJP-EC3-06-03-0167

NAME: LAST

RODRIGUEZ

FIRST

J

MI

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT ☐ CLARIFICATION OF REPORT ☐ ADDITIONAL INFORMATION

NARRATIVE:

ESCORTING WOODSON ACROSS THE C-WARD, HE BECAME DISRUPTIVE BY SCREAMING AND YELLING. SGT. ATCHELEY INSTRUCTED CAMERENA AND I TO STOP THE ESCORT, AND PLACE WOODSON ON HIS KNEES, SO HE COULD CHECK THE MECHANICAL RESTRAINTS. SGT. ATCHELEY CLEARED THE RESTRAINTS, AND WE CONTINUED THE ESCORT TO THE HEALTH SERVICES ANNEX. CAMERENA CONDUCTED A SEARCH OF HOLDING CELL #1 WITH NEGATIVE RESULTS. CAMERENA AND I PLACED WOODSON INSIDE HOLDING CELL #1 TO RECEIVE MEDICAL EVALUATION.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

ID #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

☐ YES ☐ NO☐ YES ☐ NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
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PAGE 1 OF

INCIDENT LOG NUMBER

NAME: LAST

FIRST

DATE OF INCIDENT

TIME OF INCIDENT

POST #

POSITION

YEARS OF SERVICE

DATE OF REPORT

LOCATION OF INCIDENT

RPO's

DUTY HOURS

DESCRIPTION OF CRIME / INCIDENT

CCR SECTION / RULE

☐ N/A

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☒ PRIMARY☐ RESPONDER☐ WITNESS☐ VICTIM☐ CAMERAKircher M SGT
Parra J %
Rodriguez J %
Camarena E %

(S) Woodson #P76095

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USE BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE

FORCE OBSERVED BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE☐ MINI-14☐ 9 MM☐ 38 CAL☐ SHOTGUN☒ N/A☐ 37MM☐ 40 MM☐ LB☐ 40 MULTI☐ HFWS☐ BATON☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO HAZARD

PPE

☐ YES☒ NO☒ N/A☒ N/A☐ YES☒ NO☐ YES☒ NO

REPORTING STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067 COMPLETED

☐ YES☒ NO☒ N/A☒ N/A☐ BODILY ☒ N/A
☐ UNKNOWN
☐ OTHER:☐ YES
☒ NO

NARRATIVE:

On 23-March-2006, while performing my duties as Ciyand #2 officer while conducting mass searches of Charlie 3 Building. SGT Kircher instructed C/O Parra and myself to escort inmate Woodson #P76095 to the health service Annex, while escorting Woodson became resistive and started to twist and turn back and force tearing. That Woodson would break our grip. C/O Parra and myself using physical force placed inmate Woodson on the ground. I placed my right arm under Woodson's left arm to apply physical force to Woodson upper back while placing my left hand on his neck and head area. C/O Parra was on his right side once Woodson was prone out on the floor. Reporting staff arrived to assist, someone placed ice pack on Woodson. As a result of C/O Parra and myself placing Woodson on the ground SGT Kircher instructed C/O Rodriguez and Camarena to continue the escort to the health service Annex. This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED CLARIFICATION NEEDED

DATE

☐ YES ☐ NO ☐ YES ☐ NO

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C- STAFF REPORT
CDCR 837-C (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 1 OF 1

INCIDENT LOG NUMBER

SNP-FC3-06-03-0167

NAME: LAST CAMARENA		FIRST E.		MI N.	DATE OF INCIDENT 3/23/06	TIME OF INCIDENT 1330
POST # 233407	POSITION C-2 YRD #4	YEARS OF SERVICE 5 YR.	MO. 0	DATE OF REPORT 3/23/06	LOCATION OF INCIDENT C-3 A.P.O.D.	
RDO's F/S	DUTY HOURS 0800/1600	DESCRIPTION OF CRIME / INCIDENT RESISTING STAFF W/PHYSICAL FORCE			CCR SECTION / RULE 3005(C)	
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)		

- ☐ PRIMARY
☒ RESPONDER
☐ WITNESS
☐ VICTIM
☐ CAMERA

SGT. M. MITCHELL
PO. D. VELAZ
PO. J. PARRA
PO. J. RODRIGUEZ

(S) WOODSON P76095 C-3 105L

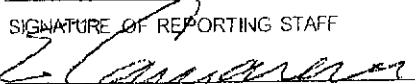
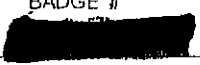
FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU		CHEMICAL AGENTS USE BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE FORCE OBSERVED BY YOU <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> NONE	NO: <input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> N/A	NO: <input type="checkbox"/> 37MM <input type="checkbox"/> 40 MM <input type="checkbox"/> LB <input type="checkbox"/> 40 MULTI <input type="checkbox"/> HFWSR <input type="checkbox"/> BATON	TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

ON THURSDAY, MARCH 23, 2006 AT APPROXIMATELY 1330 HOURS WHILE PERFORMING MY JOB DUTIES AS C-2 YARD OFFICER #4 I WAS CONDUCTING MASS CELL SEARCHES WHEN I HEARD INMATE WOODSON BEING DISRUPTIVE BY YELLING. AS I TURNED TO RESPOND I OBSERVED INMATE WOODSON LYING ON THE GROUND BY C-3 A.P.O.D. DOOR. OFFICER D. VELAZ AND J. PARRA WERE TRYING TO CONTROL WOODSON WHO WAS RESISTING BY ATTEMPTING TO PULL AWAY FROM THEM. I HEARD THE AUDIBLE ALARM SOUND AND AS I RESPONDED SGT. M. MITCHELL ORDERED OFFICER J. RODRIGUEZ AND MYSELF TO RELIEVE OFFICER D. VELAZ AND OFFICER J. PARRA OF THE ESCORT. AS OFFICER J. RODRIGUEZ AND I ESCORTED WOODSON ACROSS C-1 YARD HE BECAME DISRUPTIVE BY SCREAMING. SGT. M. MITCHELL ORDERED OFFICER J. RODRIGUEZ AND ME TO STOP THE ESCORT AND PLACED WOODSON ON HIS KNEES TO CHECK HIS MECHANICAL RESTRAINTS. SGT. M. MITCHELL CHECKED THE RESTRAINTS AND WE CONTINUED WITH THE ESCORT TO C- HEALTH SERVICE ANNEX. I SEARCHED HOLDING CELL #1 WITH NEGATIVE RESULTS. OFFICER J. RODRIGUEZ AND I PLACED WOODSON INTO HOLDING CELL #1 TO RECEIVE A MEDICAL EVALUATION.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE 40	BADGE # 	DATE 3/23/06
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SVF-FC3-06-03-0167

NAME: LAST

CANO

FIRST

George

MI

C

DATE OF INCIDENT

3-23-06

TIME OF INCIDENT

1330

POST #

231307

POSITION

C-3 Control Booth

YEARS OF SERVICE

20 YR 6 MO.

DATE OF REPORT

3-23-06

LOCATION OF INCIDENT

C-3 A Pod

RDO's

S/S

DUTY HOURS

0600-1400

DESCRIPTION OF CRIME / INCIDENT

Resisting staff w/ physical force

CCR SECTION / RULE

3025(C)

☐ N/A

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☐ PRIMARY☐ RESPONDER☒ WITNESS☐ VICTIM☐ CAMERA

Vega D (S)

Parra J (S)

Kircher M (S)

Rodriguez J (S)

Camarena, E (S)

Woodson

P76095 (S)

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USE BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

FORCE OBSERVED BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☐ NONE

NO:

NO:

TYPE:

TYPE:

☐ MINI-14☐ 37MM☐ 9 MM☐ 40 MM☐ 38 CAL☐ LB☐ SHOTGUN☐ 40 MULTI☐ HFWS☐ BATON☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO HAZARD

PPE

☐ YES☒ NO☒ N/A☒ N/A☐ YES☒ NO☐ YES☒ NO

REPORTING STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067 COMPLETED

☐ YES☒ NO☒ N/A☒ N/A☐ BODILY☐ UNKNOWN☐ OTHER:☒ N/A☐ YES☒ NO

NARRATIVE:

On March 23rd 2006 while working position 231307 C-3 Control Booth officer, I was providing gun coverage for the cell searching in C-3 cell 105 solely occupied by inmate woodson P76095, and I observed officer Parra and officer Vega escort inmate woodson from cell 105 across A Pod to the rotunda, and just before entering inmate woodson stopped and turned his head and twisted his body back towards officer Parra and officer Vega, and was taken down in the rotunda at which time 1330 hours SGT Kircher ordered me to activate my personal alarm device, I then gave officer Rodriguez a set of leg irons to place on inmate woodson and then officer Rodriguez and officer Camarena escort inmate woodson to the lobby room.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED CLARIFICATION NEEDED

DATE

☐ YES ☐ NO ☐ YES ☐ NO

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Woodson CDC #: P-76095 CDC HOUSING: C3-105

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input checked="" type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

attach 115A, 837

Enclosed is the 115A and Correlated 837 A Reports

REC'D JUL 14 2006


Eloy Medina, CC-II
Appeals CoordinatorDate: 6/27/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER P-76095	INMATE'S NAME Woodson	RELEASE/BOARD DATE	INST SVSP	HOUSING NO. C-83-105	LOG NO. 006-
VIOLATED RULE NO(S). 3005(c)		SPECIFIC ACTS Resisting Staff With Physical Force		LOCATION Fac 'C' C3 105	DATE 03-23-06 TIME 1330 Hours

CIRCUMSTANCES On 03-23-06, at approximately 1330 hours, while performing my duties as CI Yard #2 Officer, while conducting mass searches of Charlie 3 Building, Sergeant Kircher instructed C/O Parra and myself to escort inmate Woodson, P-76095 to the Health Service Annex. While escorting Woodson became resistive and started to twist and turn back and forth. Fearing that Woodson would break our grip, C/O Parra and myself using physical force placed inmate Woodson on the ground. I placed my right arm under Woodson's left arm to apply physical force to Woodson's upper back, while placing my left hand on his neck and head area. C/O Parra was on his right side. Once Woodson was prone out on the floor, responding staff arrived to assist. Someone placed leg irons on Woodson. As a result of C/O Parra and myself proning Woodson out, Sergeant Kircher instructed C/O Rodriguez and Camarena to continue the escort to the Health Service Annex. This concludes my report.

Inmate Woodson [is] [is not] a participant in the Mental Health Services Delivery System and is aware of this report.

REPORTING EMPLOYEE (Typed Name and Signature) D. Vega, Correctional Officer		DATE 3-30-06	ASSIGNMENT CI Yard #2	RDO'S T/W
REVIEWING SUPERVISOR'S SIGNATURE <i>[Signature]</i>		DATE 3/29/06	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: 2	DATE 3/20/06	CLASSIFIED BY (Typed Name and Signature) P. DENE... <i>[Signature]</i>	LOC. HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE 3-29-06	TIME 1:00	TITLE OF SUPPLEMENT
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER: 10-2-06-7-2-15	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>	DATE 3-29-06	TIME 1:00	BY: (STAFF'S SIGNATURE) <i>[Signature]</i>
HEARING		DATE	TIME	

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)		SIGNATURE	DATE	TIME
REVIEWED BY: (SIGNATURE)		DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	
		DATE		
BY: (STAFF'S SIGNATURE)		DATE	TIME	
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING				

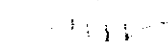
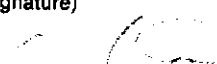
RULES VIOLATION REPORT - PART C

PAGE ____ OF ____

CDC NUMBER P-74085	INMATE'S NAME Woodson	LOG NUMBER C75-1111	INSTITUTION SV33	TODAY'S DATE 09-23-06
<input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

On 03-23-06, at approximately 1300 hours, while performing my duties as C Yard Recreation Officer, while conducting mass searches of C3-A-Section. Inmate Woodson became disruptive. Sergeant Kircher instructed myself and C/O D. Vega to escort inmate Woodson, P-74085 to the Health Service Annex. While escorting Woodson became disruptive by screaming and yelling. At that time Inmate Woodson resisted the escort by stopping and twisting his body. At that time I forced his body to the ground by pushing down on his arm and shoulder. C/O D. Vega and myself had inmate Woodson prone on the ground. At that time C/O J. Rodriguez placed leg restraints on Woodson and C/O J. Rodriguez and E. Camarena relieved myself and C/O D. Vega of the escort. This concludes my report.

:  Correctional Officer

SIGNATURE OF WRITER 		DATE SIGNED 9/23/06	
<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) 	DATE SIGNED 9/23/06	TIME SIGNED 1500